UNITED STATES OF AMERICA COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION						FILE NO.		
As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that I verily believe that I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  SHAPE-MEMORY RESIN PERFORMING REMOLDABILITY AND EXCELLENT IN SHAPE RECOVERING PROPERTY. AND MOLDED PRODUCT COMPOSED OF THE CROSS-LINKED RESIN  the specification of which is attached hereto, unless the following box is checked:  Was filed on Dec. 10, 2004 as United States patent Application Number or PCT International patent application number  and was amended on (if any).  I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.  I acknowledge the duty to disclose all information known to be material to patentability in accordance with Title 37, Code of Federal Regulations, \$1.56.  I hereby claim priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate or United States provisional application(s) listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:  Prior Foreign or Provisional Application(s)								
COUNTRY	APPLICATION NUMBER DATE O			TE OF FILING y, month, year)		PRIORITY CLAIMED		
	2002 (152					UNDER 35 U.S.C. § 119		
Japan	2003-4152	58	12, De	ecember, 2	2003	YES <u>x</u> = <del>NO=</del>		
			<del></del>			YESNO		
I hereby claim the benefit under Title 35, United States Code, \$120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, \$112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, \$1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.								
UNITED STATES APPLICATION NUMBER	DATE OF FILING (day, month, year)				STATUS (patented, pending, abandoned)			
		, , , , , , , , , , , , , , , , , , , ,	<del></del>		purcincu, p	creang, acaneonica)		
I hereby appoint customer no. 32172 DICKSTEIN, SHAPIRO, MORIN & OSHINSKY, LLP, and the members of the firm, Edward A. Meilman, Reg. No. 24,735, Gary M. Hoffman, Reg. No. 26,411, Steven I. Weisburd, Reg. No. 27,409, Thomas J. D'Amico, Reg. No. 28,371, Donald A. Gregory, Reg. No. 28,954, Stephen A. Soffen, Reg. No. 31,063, James W. Brady, Jr., Reg. No. 32,115, Jon D. Grossman, Reg. No. 32,699, Mark J. Thronson, Reg. No. 33,082, Michael J. Scheer, Reg. No. 34,425, and Eric Oliver, Reg. No. 35,307, as attorneys with full power of substitution and revocation to prosecute this application, to transact all business in the Patent & Trademark Office connected therewith and to receive all correspondence.								
SEND CORRESPONDENCE TO: DICKSTEIN, SHAPIRO, MORIN & OSHINSKY, LLP 1177 Avenue of the Americas, 41st Floor New York, NY 10036-2714  DIRECT TELEPHONE CALLS TO: (212) 835-1400								
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
FULL NAME OF SOLE OR FIRST INVENT MIDORI SHIMURA	OR	INVENTOR'S SIGNA	rure Sh	ímura H	DATE May	19, 2006		
RESIDENCE (City and either State or Foreign Country) Tokyo, Japan					country of citizenship Japan			
POST OFFICE ADDRESS c/o NEC Corporation, 7-1, Shiba 5-chome, Minato-ku, Tokyo 108-8001 Japan								
FULL NAME OF SECOND JOINT INVENT Kazuhiko INOUE	OR (if any)	INVENTOR'S SIGNA KAZULILA	o Inoue		DATE May	19, 2006		
RESIDENCE (City and either State or Foreign Country) Tokyo, Japan  COUNTRY OF CITIZENSHIP Japan								
post office Address c/o NEC Corporation, 7-1, Shiba 5-chome, Minato-ku, Tokyo 108-8001 Japan								

UNITED COMBINED DECLARA FOR PA	FILE NO.						
COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)		PRIORITY CLAIMED UNDER 35 U.S.C. 119			
				YES NO			
				YES NO			
				YES NO			
•				YES NO			
				YES NO			
				YES NO			
				YES NO			
	<u> </u>			YESNO			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
FULL NAME OF THIRD JOINT INVENTOR, Masatoshi IJI	INVENTOR'S SIGNATURE	DATE May 19, 2006					
residence (City and either State or Fore Tokyo, Japan	eign Country)	COUNTRY OF CITIZENSHIP  Japan					
POST OFFICE ADDRESS c/o NEC Corporation, 7-1, Shiba 5-chome, Minato-ku, Tokyo 108-8001 Japan							
FULL NAME OF FOURTH JOINT INVENTO	ļ		DATE				
RESIDENCE (City and either State or Fore	COUNTRY O		OF CITIZENSHIP				
POST OFFICE ADDRESS							
FULL NAME OF FIFTH JOINT INVENTOR,	INVENTOR'S SIGNATURE		DATE				
RESIDENCE (City and either State or Fore	·	COUNTRY OF CITIZENSHIP					
POST OFFICE ADDRESS							
FULL NAME OF SIXTH JOINT INVENTOR,	INVENTOR'S SIGNATURE		DATE				
RESIDENCE (City and either State or Fore	ilgn Country)		COUNTRY OF CITIZENSHIP				
POST OFFICE ADDRESS							